



APPLICATION FOR U.S. DEPARTMENT OF COMMERCE INTERNATIONAL TRADE INTERNSHIP

School term for which internship is being sought:

? Spring (Jan-Apr)

? Summer (May-Aug)

? Fall (Sept-Dec)

Student Name: _____

Present address: _____

Tel. No. _____ Fax No. _____

Home address (if different): _____

Home Tel. No. (if different) _____

Birthplace: _____ U.S. Citizen ? Yes ? No

Social Security Number: _____ - _____ - _____ D.O.B. _____

University/College: _____

Course Major: _____

Course Minor: _____

Type of Degree: _____

Years/Semesters/Credits completed: _____ Grade Point Average _____

Credits to be received upon completion of internship (if applicable): _____

University official (teacher, faculty advisor, school administrator, etc.) responsible for approving/coordinating internships:

Name/ Title: _____

Address: _____

Tel. No. _____ Fax. No. _____

Number of hours per week you would be available: _____

Days of the week you would be available:

? Monday ? Tuesday ? Wednesday ? Thursday ? Friday

Date you would be able to begin internship, if selected? _____

Is this internship for credit or work experience? _____

Provide a brief statement summarizing your interest in this internship opportunity, your objectives and expectations, and what you hope to gain as a result of your participation in this program:

GREATEST CONSIDERATION WILL BE GIVEN TO THOSE NOMINEES ABLE TO DEVOTE 15 HOURS A WEEK OR MORE.

Please return this application, along with resume, include your Social Security Number, Date of Birth and your citizenship on the resume to:

Ms. Rosanna Masucci, International Trade Specialist
U.S. Department of Commerce
111 West Huron Street, Room 1304
Buffalo, New York 14202